

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-009,158  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3							53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11	/						61
12	/						62
13	/						63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
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22							72
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25							75
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34							84
35							85
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37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	4		J		J		
TOTAL DEP.	10		J		J		
TOTAL CLAIMS	14						